

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number 690107.404USPC
Application Number 10/533,277		Filed November 28, 2005
For METHODS FOR DETERMINING GENETIC RESISTANCE OF PIGS TO DISEASES CAUSED BY RNA VIRUSES		
Art Unit 1634		Examiner Amanda Marie Shaw

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ <u>460</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$_____

☐ Applicant claims small entity status. See 37 CFR 1.27.  
☐ A check in the amount of the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number 19-1090.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.  
       ☐ assignee of record of the entire interest. See 37 CFR 3.71  
           Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  
       ☒ attorney or agent of record. Registration No. 44,614  
       ☐ attorney or agent under 37 CFR 1.34.  
           Registration number if acting under 37 CFR 1.34: \_\_\_\_\_.

\_\_\_\_\_  
/William T. Christiansen/  
Signature  
\_\_\_\_\_  
William T. Christiansen, Ph.D.  
Typed or printed name

\_\_\_\_\_  
February 26, 2008  
Date  
\_\_\_\_\_  
206-622-4900  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.